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Accountants Professional Indemnity Insurance Proposal Form

E3

1 a All practising titles including associate nominee and service companies

b Please state key number of partners, directors or members

c Date established / /

2 Your details

Address	Tel	Fax
	Postcode	Email

3 a Do you have any offices or assets in territories outside the UK? Yes No

If yes, please list

b Which professional body is your practice regulated by?

ICAEW ACCA ICAS CIOT ATT None (if answered please confirm all Directors, Partners and/or Principals have at least 5 years' experience) Yes No

Other

c Please list all Key Directors and Beneficial Owners*

Name	Key Director		Beneficial owner	
	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>
	Yes <input type="radio"/>	No <input type="radio"/>	Yes <input type="radio"/>	No <input type="radio"/>

*Any individual or organisation which directly or indirectly, owns or controls at least 25% of the shares or voting rights

d Does the Firm have a valid Employer's Liability Certificate? Yes No Expiry date / /

e Do you have any US domiciled interests to be insured under this policy? Yes No

For example – having a US office that is a subsidiary of a UK parent, or having a US registered address, would count as having a US domiciled interest, whereas providing services to a US client from a UK office (even if it requires you to visit the US) would not.

4 a Current placement (Not required if insured through Aon)

Renewal date <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	Limit of indemnity <input style="width: 50px;" type="text"/>
Current broker <input style="width: 400px;" type="text"/>	Current excess <input style="width: 50px;" type="text"/>
Current insurer <input style="width: 400px;" type="text"/>	Current premium <input style="width: 50px;" type="text"/>

b Please state limit(s) required

If left blank we will quote minimum limit required by Regulatory Body

5 Gross fees

a Please state your total gross fees and commissions (excluding VAT) for the previous, last and current financial year (or estimated if recently established together with a current C.V.)

Previous financial year £ Last financial year £ Current financial year £

b Largest fee from a single client £

6 Is the firm responsible for the provision of any non UK work or work for any non UK clients?

Yes No

If yes, please provide details and fees

Fees	Description
£ <input type="text"/>	<input type="text"/>
£ <input type="text"/>	<input type="text"/>

7 Has the firm acted for any

Quoted companies? Yes No US companies? Yes No

Clients in the sports and/or entertainment industry? Yes No Solicitor firms completing Solicitors Accounts Rules reports? Yes No

8 Is the firm, or has the firm ever been responsible for the provision of advice in any of the following areas?

Taxation minimisation estate planning Yes No Trust formation and trustee work Yes No

Offshore work Yes No Film Finance partnerships, VCTs or EBTs Yes No

If yes, please provide full details:

9 Nature of work

Please provide a percentage breakdown of the income into the following categories:

Management consultancy	(1)	<input type="text"/>	%
Executorship and trusteeship	(2)	<input type="text"/>	%
Insolvencies, liquidations & receiverships	(3)	<input type="text"/>	%
Directorships	(4)	<input type="text"/>	%
Mergers, acquisitions or disposals	(5)	<input type="text"/>	%
Audit, accounting, company tax		No of Clients	
a Quoted companies	(6)	<input type="text"/>	%
b Unquoted companies	(7)	<input type="text"/>	%
c Others (including farmers, small traders etc)	(8)	<input type="text"/>	%
Taxation only			
a Personal	(9)	<input type="text"/>	%
b Corporate – summary of three largest clients required	(10)	<input type="text"/>	%
Insurance commission and/or fee and/or investment advice			
a FSA regulated	(11)	<input type="text"/>	%
b General and/or unregulated	(12)	<input type="text"/>	%
Corporate finance	(13)	<input type="text"/>	%
Other work (please give details)		<input type="text"/>	%
Total			100%

NB: Any anticipated significant changes in the activities described above over the next 12 months may give rise to a change in material facts that must be notified to insurers.

10 Financial Services and Markets Act 2000

- a Is the firm authorised to carry out investment business by the Financial Services Authority? Yes No
- b Have you carried out or intend to carry out investment or pension work (as defined in the Financial Services and Markets Act 2000) since 1988? Yes No
- c Is the insured/proposer licensed by the ICAEW Designated Professional Body arrangements? Yes No
- d If so, do you need a quotation to comply with the Insurance Mediation Directive requirements and policy limits? Yes No

If the answer to any of the above is yes, a separate questionnaire may be required which will be supplied on receipt of your completed proposal form.

11 Claims

- a Has any claim, whether successful or not, been made against the firm, are you aware of any shortcoming in your work that cannot be reasonably put right or is there an escalating level of complaint which cannot be immediately resolved? None As below

Date of notification	Claimant's name	Category of work	Quantum of claim/ circumstance	Current insurers' payments or reserves (if known)
/ /				
/ /				

- b Has any partner/principal/director/member ever been made bankrupt, disciplined by any professional body, charged with a non-motoring offence, or had insurance cancelled in the last 6 years? None As below

Date of incident	Individual's name	Details of incident
/ /		
/ /		

Declaration

I/We declare the following:

- i I/We understand that I/we have a legal duty to make a fair presentation of the risk to be insured and that failure in this duty could result in the policy being invalidated and/or any claims not being paid or not being paid in full
- ii All facts, provided within this proposal form, or provided separately as part of this application for insurance, are true or substantially true and any representations as to matters of expectation or belief are made in good faith
- iii I/We understand that by submitting this proposal form I/we consent to the information being used by Aon and Insurers (including Underwriting Managers on Insurers behalf) for the purpose of providing insurance, underwriting, processing, claims handling and preventing fraud
- iv I/We understand that completion of this proposal form does not bind the Insurer to a contract of insurance
- v If any information provided as part of this application for insurance materially changes before a contract of insurance is concluded, I/we will immediately advise Aon or the Insurer

Duty to make a fair presentation of the risk

Material information is information that would influence an Insurer in deciding whether a risk is acceptable and, if so, the premium, terms and conditions to be applied. In addition, the Insurance Act 2015 sets out whose knowledge of material information you must disclose. As an organisation you will be deemed to know all material information that is known to your senior management and those responsible for arranging your insurance, and which should have been revealed by a reasonable search. Your search will need to include information which is held by other persons such as your agents, outside advisers (including lawyers and consultants), suppliers/service providers etc.

There are clearly limits to the search you, and we, can carry out. Please talk to your usual Aon adviser if you are in any doubt about what information needs to be disclosed.

Do you have any of the following insurances – if yes, please advise of the renewal date:

Office Yes No Renewal date

Cyber Yes No Renewal date

Directors and Officers Yes No Renewal date

We collect and process your personal data and sensitive personal data in accordance with all applicable Data Privacy Laws which Aon is required to comply with. Full details of how we process your data, as well as measures we have put in place for the protection of your personal data can be found in our [Privacy Statement](#).

Aon UK Limited and other Aon group companies will use your UK personal information to contact you from time to time about other products, services and events that we feel may be of interest to you.

If you do not wish to receive these communications, please tick here.

Print name	Signature <i>Signature not required if submitting electronically</i>	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please save or print a copy for your records. Click the submit form button to return the completed form.